

# EXHIBIT 1

COMMONWEALTH COMMUNITY RECOVERY

DIVISION INC.

PAUL JONES

79NTHOMPSON STREET

SPRINGFIELD, MA 01072

MONTACHUSETT REGIONAL TRANSPORTATION AUTHORITY (MART)

100 MAIN STREET

FITCHBURG, MA 01420

November 12, 2016

Dear MART,

I am writing to ask that you remove my cell phone from your Automatic Telephone Dialing System ASAP, please call CCRD INC only on 888-680-4667.

I am revoking all ATDS calls to my cellular telephone (617-939-5417)number as of lately I have been receiving sometimes 30-40 calls a day as early as 7 am, please remove my 617-939-5417 number as soon as possible.

I can't answer most of these calls please don't take it as I am ignoring the calls as I am driving with clients and it is difficult and dangerous to pull over every few minutes Thank you.

Paul Jones

English

Customer Service

USPS Mobile

Register / Sign In



# USPS Tracking®

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[Browse our FAQs >](#)

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[Sign up for My USPS.](#)

Tracking Number: 70162710000107775997

## Product & Tracking Information

**Postal Product:**

First-Class Mail®

**Features:**

Certified Mail™

Return Receipt

## Available Actions

[Text Updates](#)
[Email Updates](#)
[See tracking for related item: 9590940220696132393671](#)
**DATE & TIME**
**STATUS OF ITEM**
**LOCATION**
**November 21, 2016, 12:03 pm**

Delivered, Left with Individual

FITCHBURG, MA 01420

Delivery was completed to the individual at the address above. Item was delivered to: 100 Main St, FITCHBURG, MA 01420
**November 19, 2016, 8:13 am**

Available for Pickup

FITCHBURG, MA 01420

**November 19, 2016, 6:40 am**

Arrived at Unit

FITCHBURG, MA 01420

**November 18, 2016, 12:40 pm**

Departed USPS Destination Facility

SHREWSBURY, MA 01541

**November 18, 2016, 8:08 am**

Arrived at USPS Destination Facility

SHREWSBURY, MA 01541

**November 18, 2016, 5:26 am**

Departed USPS Facility

HARTFORD, CT 06101

**November 17, 2016, 10:17 pm**

Arrived at USPS Origin Facility

HARTFORD, CT 06101

**November 17, 2016, 6:30 pm**

Departed Post Office

HOLYOKE, MA 01040

**November 17, 2016, 3:43 pm**

Acceptance

HOLYOKE, MA 01040

## U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

*Domestic Mail Only*
*For delivery information, visit our website at [www.usps.com](http://www.usps.com)*
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*OFFICIAL USE Postmark Here*
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**COMMONWEALTH COMMUNITY RECOVERY**

**DIVISION INC.**

**PAUL JONES**

**79NTHOMPSON STREET**

**SPRINGFIELD, MA 01072**

**MONTACHUSETT REGIONAL TRANSPORTATION AUTHORITY (MART)**

**100 MAIN STREET**

**FITCHBURG, MA 01420**

February 11, 2017

Dear Crystal Geisert,

I am writing again to request that all calls to my cellular telephone be removed from MARTS Automatic Telephone Dialing System, I wrote MART some time ago and ask that CCRD INC only be called on the 888-680-4667 number, as I cannot answer 30 – 40 calls a day from MART on my cellular telephone.

CCRD INC appreciate the work but please use the 888 number only for all calls, as you Automatic Dialing System starts to call us at 7am most days with an computerized voice, this is very stressful on me as I am trying to driving clients.

The 617-939-5417 number is my personal cell phone please remove my cell number from you call list asap thank you and I hope you understand any questions please call me asap.

Paul M. Jones

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **MART**  
**100 Main Street**  
**Fitchburg, MA 01420**



9590 9403 0369 5163 9027 62

## 2. Article Number (Transfer from service label)

**7015152000018143550**

PS Form 3811, April 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

K. Maren

## C. Date of Delivery

2017/04/20

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

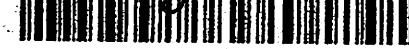
Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: **C/O Crystal Geisert**  
**Massachusetts Regional**  
**Transit Authority**  
**100 Main St**  
**Fitchburg, MA 01420**



9590 9403 0369 5163 8849 38

## 2. Article Number (Transfer from service label)

**70150640000155705341**

PS Form 3811, April 2015 PSN 7530-02-000-9053

## COMPLETE THIS SECTION ON DELIVERY

## A. Signature

Agent  
 Addressee

## B. Received by (Printed Name)

Aliceen Hill

## C. Date of Delivery

2017/04/20

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Priority Mail Express®  
 Registered Mail™  
 Registered Mail Restricted Delivery  
 Return Receipt for Merchandise  
 Signature Confirmation™  
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

UNITED STATES POSTAL SERVICE

107-FEB '13

FORM 2.1

First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• **Sender:** Please print your name, address, and ZIP+4® in this box.

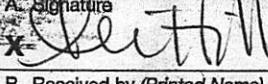
Paul Jones  
79 Thompson St  
Springfield MA 01109

USPS TRACKING#



9590 4403 038 9363 884 88

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only											
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.											
<b>FITCHBURG, MA 01420</b> <span style="float: right;">OFFICIAL USE</span>											
Certified Mail Fee <b>\$3.35</b>											
Extra Services & Fees (check box, add fee if appropriate) <table border="1" style="float: right; border-collapse: collapse;"> <tr><td>Return Receipt (hardcopy)</td><td>\$ <b>1.75</b></td></tr> <tr><td>Return Receipt (electronic)</td><td>\$ <b>0.00</b></td></tr> <tr><td>Certified Mail Restricted Delivery</td><td>\$ <b>0.00</b></td></tr> <tr><td>Adult Signature Required</td><td>\$ <b>0.00</b></td></tr> <tr><td>Adult Signature Restricted Delivery</td><td>\$ <b>0.00</b></td></tr> </table>		Return Receipt (hardcopy)	\$ <b>1.75</b>	Return Receipt (electronic)	\$ <b>0.00</b>	Certified Mail Restricted Delivery	\$ <b>0.00</b>	Adult Signature Required	\$ <b>0.00</b>	Adult Signature Restricted Delivery	\$ <b>0.00</b>
Return Receipt (hardcopy)	\$ <b>1.75</b>										
Return Receipt (electronic)	\$ <b>0.00</b>										
Certified Mail Restricted Delivery	\$ <b>0.00</b>										
Adult Signature Required	\$ <b>0.00</b>										
Adult Signature Restricted Delivery	\$ <b>0.00</b>										
Postage <b>\$0.70</b>											
Total Postage and Fees <b>\$6.80</b>											
<span style="border: 1px solid black; padding: 2px;">Sent To</span> <b>Mart</b> (Notice of TCPA violation) Street and Apt. No., or PO Box No. <b>Dates</b> <b>100 Main St</b>											
City, State, ZIP+4® <b>Fitchburg, MA</b>											
<small>PS Form 3800, April 2015 PSN 7530-02-000-9047</small>											
<small>See Reverse for Instructions</small>											

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Aliceen Hill</b></p> <p>C. Date of Delivery <b>2/17/17</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p><b>C/o Crystal Geisert</b>  <b>Massachusetts Regional</b>  <b>Transit authority</b>  <b>100 main st</b>  <b>Fitchburg, ma 01420</b></p> <p></p> <p><b>9590 9403 0369 5163 8849 38</b></p>		<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature  <input type="checkbox"/> Adult Signature Restricted Delivery  <input type="checkbox"/> Certified Mail®  <input type="checkbox"/> Certified Mail Restricted Delivery  <input type="checkbox"/> Collect on Delivery  <input type="checkbox"/> Collect on Delivery Restricted Delivery  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®  <input type="checkbox"/> Registered Mail™  <input type="checkbox"/> Registered Mail Restricted Delivery  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Signature Confirmation™  <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><b>7015 0640 0001 5570 5341</b></p>		<p>PS Form 3811, April 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p>	

<p><b>U.S. Postal Service™</b>  <b>CERTIFIED MAIL® RECEIPT</b>  <i>Domestic Mail Only</i></p>	
<p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>.</p>	
<p><b>FITCHBURG, MA 01420</b></p>	
<p><b>OFFICIAL USE</b></p>	
<p>Certified Mail Fee <b>\$3.35</b></p>	
<p><b>\$0.75</b> 0089 07</p>	
<p>Extra Services &amp; Fees (check box, add fee as appropriate)</p> <p><input type="checkbox"/> Return Receipt (hardcopy) <b>\$0.00</b>  <input type="checkbox"/> Return Receipt (electronic) <b>\$0.00</b>  <input type="checkbox"/> Certified Mail Restricted Delivery <b>\$0.00</b>  <input type="checkbox"/> Adult Signature Required <b>\$0.00</b>  <input type="checkbox"/> Adult Signature Restricted Delivery <b>\$0.00</b></p>	
<p>Postage <b>\$0.70</b></p>	
<p>Total Postage and Fees <b>\$6.00</b></p>	
<p>Postmark Here <b>15 2017</b></p>	
<p>02/15/2017</p>	
<p>Sent To <b>Mart (Notice of TCPA violation)</b></p>	
<p>Street and Apt. No., or PO Box No. <b>100 main st</b></p>	
<p>City, State, ZIP+4 <b>Fitchburg, MA</b></p>	
<p>PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions</p>	

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

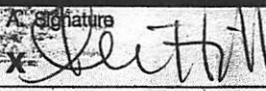
*C/o Crystal Geisert*  
*Massachusetts Regional*  
*Transit Authority*  
*100 Main St*  
*Fitchburg, MA 01420*  
  
*9590 9403 0369 5163 8849 38*

2. Article Number (Transfer from service label)

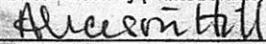
*7015 0640 0001 5570 5341*

S Form 3811, April 2015 PSN 7530-02-000-9053

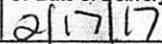
A. Signature


 Agent  
 Addressee

B. Received by (Printed Name)



C. Date of Delivery


D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3.

2. Print your name and address on the reverse so that we can return the card to you.

3. Attach this card to the back of the mailpiece, or on the front if space permits.

4. Article Addressed to:

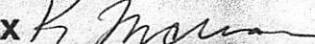
*MART*  
*100 Main Street*  
*Fitchburg, MA 01420*  
  
*9590 9403 0369 5163 9027 62*

5. Article Number (Transfer from service label)

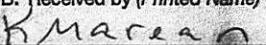
*7015 1520 0000 1814 3550*

S Form 3811, April 2015 PSN 7530-02-000-9053

A. Signature


 Agent  
 Addressee

B. Received by (Printed Name)



C. Date of Delivery

D. Is delivery address different from item 1?  YesIf YES, enter delivery address below:  No

## 3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

FITCHBURG, MA 01420

Certified Mail Fee

\$3.35

Extra Services &amp; Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 1.75
- Return Receipt (electronic) \$ 0.00
- Certified Mail Restricted Delivery \$ 0.00
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ 0.00

Postage

\$0.70

Total Postage and Fees

\$6.80

Sent To: *MART (Notice of TCPA violation)*Street and Apt. No., or PO Box No. *Notes*

100 Main St

City, State, ZIP+4

Fitchburg, MA

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions

See Reverse for Instructions

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

FITCHBURG, MA 01420

Certified Mail Fee

\$3.45

Extra Services &amp; Fees (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 1.75
- Return Receipt (electronic) \$ 0.00
- Certified Mail Restricted Delivery \$ 0.00
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ 0.00

Postage

\$1.13

Total Postage and Fees

\$7.33

Sent To: *MART, Price Changes & Notice TCPA*

Street and Apt. No., or PO Box No.

100 Main St

City, State, ZIP+4

Fitchburg, MA 01420

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions